

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) **10/089528**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			1	1	1	1

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.			1	1	1	1		
TOTAL DEP.			1	1	1	1		
TOTAL CLAIMS			1	1	1	1		